



# WINDSOR POLICE DEPARTMENT

## CASE FILE COVER PAGE AND INVENTORY



12-05-2020

2020-00188

INCIDENT DATE

INCIDENT NUMBER

PLEASE INDICATE BY EACH DEFENDANT(S) NAME WITH EITHER (A) FOR ADULT OR (J) FOR JUVENILE

DEFENDANT(S) NAME	CHARGE(S)	
NAZARIO, CARON RENE	18.2-460 Obstruction of Justice w/ Force(M) 46.2-817 Eluding Police(M)	Officer D. Crocker  INVESTIGATOR  1 E. Windsor Blvd.
		LOCATION OF OFFENSE  Chief R.D. Riddle
		REVIEWING SUPERVISOR

ATTACHED	NOT NEEDED	NEEDED	# OF PAGES	ITEMS	# OF PAGES	ITEMS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIMINAL INCIDENT REPORT	<input type="checkbox"/> <input checked="" type="checkbox"/>	SEARCH WARRANT & AFFIDAVIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INVESTIGATORS NARRATIVE	<input type="checkbox"/> <input checked="" type="checkbox"/>	CONSENT SEARCH FORM
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WARRANT OR PETITION OF ARREST	<input type="checkbox"/> <input checked="" type="checkbox"/>	PHYSICAL EVIDENCE LIST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/> <input checked="" type="checkbox"/>	PROPERTY AND EVIDENCE FORMS:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS WRITTEN STATEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/>	LAB REQUEST FOR EXAM (RFL)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIDEO STATEMENT OF ACCUSED	<input type="checkbox"/> <input checked="" type="checkbox"/>	LAB REPORT
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIGHTS FORM	<input type="checkbox"/> <input checked="" type="checkbox"/>	IMPOUND / VEHICLE TOW SHEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS LIST: (NAME, ADDRESS, PHONE)	<input type="checkbox"/> <input checked="" type="checkbox"/>	SEIZURE PAPERWORK
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHOTOGRAPHS & MUG SHOTS	<input checked="" type="checkbox"/> <input type="checkbox"/>	EVIDENCE ATTACHMENTS:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIME SCENE SKETCH	<input type="checkbox"/> <input checked="" type="checkbox"/>	EMS PATIENT CARE/TRIP REPORT – MEDICAL INFO.

DATE ACCUSED TRIED:

ACCUSED TRIED IN:  Circuit Court Part  General District Court  Juvenile Domestic Relations District CourtACCUSED TRIED AND FOUND  Guilty  Not Guilty  Dismissed  Not Prosecuted (Include reason in Final Disposition)

FINAL COURT DISPOSITION: